Docket No: D-4557

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM FOR PARAM the specification of which	IETER ESTIMATION AND TRA	ACKING OF INTERFERING DIGITALLY	Y MODULATED SIGNALS
(check one) [X] is attached her [] was filed on _ and was amen	as Application Serial N	No:	
I hereby state that I have reviewed and referred to above.	understand the contents of the a	above identified specification, including	the claims, as amended by any amendment
I acknowledge the duty to disclose in Regulations, §1.56(a).	formation which is material to	the examination of this application in a	accordance with Title 37, Code of Federal
I hereby claim foreign priority benefit listed below and have also identified to on which priority is claimed: Prior Foreign Application(s)	s under Title 35, United States Opelow any foreign application for	Code, §119 (a) - (d) of any foreign applied or patent or inventor's certificate having	cation(s) for patent or inventor's certificate a filing date before that of the application Priority Claimed
(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	YES NO
Title (DED)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	[] [] YES NO
(NUMBER)	,	•	ion(s) or PCT International application(s)
and the national or PCT international (APPLICATION SERIAL NO.)	filing date of this application: (FILING DATE)	(STATUS) (PATENTED, PENDI	
(APPEICATION SERIAL NO.)	(FILING DATE)	(STATUS) (PATENTED, PENDI	NG, ABANDONED)
If more space is needed for any of the	above categories, please continu	ue on an additional form and SIGN.	
I HEREBY APPOINT THE FOLLOWIN	G AS MY ATTORNEY OR AGEN	NT(S) WITH FULL POWER OF SUBSTITU	UTION TO PROSECUTE THIS APPLICATION
AND TRANSACT ALL BUSINESS IN T Name Reg. No. Robert K. Tendler 24,581 SEND CORRESPONDENCE TO:		ED THEREWITH: Reg. No. Name	Reg. No.
NAME PI		EET CITY & STATE	ZIP CODE
Robert K. Tendler (617)	7) 723-7268 65 Atlant	tic Avenue Boston, MA	02110
true and further that these statemen	its were made with the knowled 1001 of Title 18 of the United	edge that willful false statements and t	on information and belief are believed to be he like so made are punishable by fine or tatements may jeopardize the validity of the
Full name of sole or first inventor:	Rachel E. Learned		
Inventor's Signature: Hackel	deamed	Date:	august 30,2001 u.s.a.
Residence: Waltham, Massac	husetts	Country of Citizenship:	U.S.A.
Mailing Address: 9 Wimbledon Cir	cle Waltham, MA 02451		